

JENNIFER M. GRANHOLM  
GOVERNOR



STATE OF MICHIGAN  
DEPARTMENT OF CIVIL SERVICE

JANET McCLELLAND  
ACTING DIRECTOR

CIVIL SERVICE COMMISSION

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**VERIFICATION OF DEPENDENT ELIGIBILITY  
FOR STATE SPONSORED INSURANCE PLANS**

Dependents ages 19 to 25 must meet the following criteria in order to be enrolled in State sponsored health, dental, and/or vision plans:

- regularly attending an accredited educational institution,
- unmarried, and
- dependent on you for support, as defined by IRS regulations. This means that the student must be dependent on you for more than half of his/her financial support.

If your dependent meets the criteria above, please complete this form and return it to your Human Resources office, along with a copy of the registration form (or other paperwork verifying enrollment) from the accredited educational institution your dependent is attending. Retain a copy of the completed form for your records.

Please note that falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and/or prosecution.

**In order for my dependent to be enrolled in my State sponsored insurance plans, I verify that \_\_\_\_\_:**

- is regularly attending school at \_\_\_\_\_
- is unmarried, and
- is dependent upon me for support as defined by IRS regulations.

\_\_\_\_\_  
Employee's Name (Please Print)

\_\_\_\_\_  
Employee's ID No.

\_\_\_\_\_  
Employee's Social Security No.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date